

Fill in this information to identify the case:

Debtor 962 972 BUSHWICK AVE LLC

United States Bankruptcy Court for the: EASTERN District of NEW YORK
(State)

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with **PRIORITY** Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Total claim**Priority amount**

\$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)**2.2** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)**2.3** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)

Debtor

Name

Case number (if known)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | Amount of claim |
|-----|--|--|
| 3.1 | <div>Nonpriority creditor's name and mailing address</div> <div>Michael Arounian, PLLC</div> <div>175 East Shore Road</div> <div>Great Neck NY 11023</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> | <div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim: SERVICES</div> <div>Is the claim subject to offset?</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>\$ 10,750.00</div> |
| 3.2 | <div>Nonpriority creditor's name and mailing address</div> <div>Shimon Greenfeld</div> <div>1939 62nd St</div> <div>BROOKLYN NY 11204</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> | <div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim: loan</div> <div>Is the claim subject to offset?</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>\$ 400,000</div> |
| 3.3 | <div>Nonpriority creditor's name and mailing address</div> <div>Sam Rubin</div> <div>Rubin Equities 670 Myrtle Avenue, #243</div> <div>BROOKLYN NY 11205</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> | <div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim: loan</div> <div>Is the claim subject to offset?</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>\$ 21,738</div> |
| 3.4 | <div>Nonpriority creditor's name and mailing address</div> <div>Moshe Sander</div> <div>138 Franklin Ave</div> <div>BROOKLYN NY 11205</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> | <div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input checked="" type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim: services</div> <div>Is the claim subject to offset?</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>\$ 140,000</div> |
| 3.5 | <div>Nonpriority creditor's name and mailing address</div> <div>SMS STUDIO</div> <div>320 Roebling St, #310</div> <div>BROOKLYN NY 11211</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> | <div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim: SERVICES</div> <div>Is the claim subject to offset?</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>\$ 10,000</div> |
| 3.6 | <div>Nonpriority creditor's name and mailing address</div> <div></div> <div></div> <div></div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> | <div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>\$</div> |

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|--------|---|---|----------|
| 3.____ | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$ _____ |
| | _____ | <input type="checkbox"/> Contingent | |
| | _____ | <input type="checkbox"/> Unliquidated | |
| | _____ | <input type="checkbox"/> Disputed | |
| | | <input type="checkbox"/> Liquidated and neither contingent nor disputed | |
| | | Basis for the claim: _____ | |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? | |
| | Last 4 digits of account number _____ | <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | |
| 3.____ | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$ _____ |
| | _____ | <input type="checkbox"/> Contingent | |
| | _____ | <input type="checkbox"/> Unliquidated | |
| | _____ | <input type="checkbox"/> Disputed | |
| | | Basis for the claim: _____ | |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? | |
| | Last 4 digits of account number _____ | <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | |
| 3.____ | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$ _____ |
| | _____ | <input type="checkbox"/> Contingent | |
| | _____ | <input type="checkbox"/> Unliquidated | |
| | _____ | <input type="checkbox"/> Disputed | |
| | | Basis for the claim: _____ | |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? | |
| | Last 4 digits of account number _____ | <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | |
| 3.____ | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$ _____ |
| | _____ | <input type="checkbox"/> Contingent | |
| | _____ | <input type="checkbox"/> Unliquidated | |
| | _____ | <input type="checkbox"/> Disputed | |
| | | Basis for the claim: _____ | |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? | |
| | Last 4 digits of account number _____ | <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | |
| 3.____ | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$ _____ |
| | _____ | <input type="checkbox"/> Contingent | |
| | _____ | <input type="checkbox"/> Unliquidated | |
| | _____ | <input type="checkbox"/> Disputed | |
| | | Basis for the claim: _____ | |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? | |
| | Last 4 digits of account number _____ | <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | |

Debtor

Name

Case number (if known)

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-------------------------------|--|---|
| 4.1. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.2. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.3. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.5. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.6. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.7. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.8. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.9. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.10. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.11. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

[illegible]

Debtor

Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts****5a. Total claims from Part 1**

5a. \$ _____

5b. Total claims from Part 2

5b. + \$ _____

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ _____